



Note: If you have a disability that requires this material to be produced in an alternate format, please contact the City's ADA Program Manager at (808) 768-8599 or via email at mona.higa@honolulu.gov. Please allow a minimum of five (5) business days for your request to be processed.

ADA REASONABLE MODIFICATION REQUEST

City & County of Honolulu

CONTACT INFORMATION

Name of Individual with a Disability: _____

_____ I am a person with a disability

_____ I am submitting the request on behalf of a person with a disability

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Preferred Method of Contact: _____

MODIFICATION REQUEST

☐ **Modification to Policy/Practice** ☐ **Use of Auxiliary Aid/Equipment** ☐ **Other**

Describe the requested modification in as much detail as possible, including an explanation of why, due to a disability, the modification is necessary and other alternatives that may be considered beyond the one requested. (Additional pages may be attached, as needed.)

SIGNATURE OF REQUESTOR

DATE

Drop off, mail or email this form to the City Department/Agency associated with the service, program or activity.

The form may also be dropped off, mailed or emailed to:

ADA Program Manager
City & County of Honolulu
Equal Opportunity Office
925 Dillingham Boulevard, Suite 180
Honolulu, HI 96817
Email: mona.higa@honolulu.gov